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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAX S PRO CORP Account Number : I20200000147 Phone : (786)307-2733

Fax Number : (954)420-7118

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@TAXSPRO.COM

FLORIDA PROFIT/NON PROFIT CORPORATION LARANCUENT CORP

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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

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Name an	d Title:	Name and Title:	
Address	PEMBROKE PINES, FL 33024 LEVIL INCORPORATOR TAX S PRO CORP BO30 PINES BLWD PEMBROKE PINES, FL 33024 LEVIL EFFECTIVE DATE: e date, if other than the date of filing: Compared to the date must be specific and cannot be more than five days prior or 90 days after the fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as insert's effective date on the Department of State's records. The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as insert's effective date on the Department of State's records. The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as insert's effective date on the Department of State's records.		
		·	
		the registered agent is:	
Name:	TAY S PRO CORP		
Address:			
		-	
ARTICLE VII	INCORPORATOR		
The name and ac	Idress of the Incorporator is:		
			20
	TAX S PRO CORP	•	- 24 A
Address:	——————————————————————————————————————	-	= = = = = = = = = = = = = = = = = = = =
	PEMEROKE PINES , FL 33024		\(\circ\) ;
		=	••
ARTICLE VIII	EFFECTIVE DATE:	D. A.	- (.)
Effective date, if	other than the date of filing: U4/19/20		6.0
filing.)	ate is listed, the date must be specific and canno	t be more than five days pric	r or 90 days after the
	Impared in this block down as acceptable and its	atan ta CV	
the document's e	ffective date on the Department of State's records.	statutory titing requirements, t	his date will not be listed as
	•		
Having been nan	ed as registered agent to accept service of process for	or the above stated corporation	at the place designated in this
cerușicale, 1 am j	amiliar with and accept the appointment as register.	ed agent and agree to act in thi	s capacity
			04/19/2024
	Required Sygnature/Registered Agent		Date
I submit this doc	ument and affirm that the facts stated herein are	true. I am aware that the fals	e information submitted in a
document to the l	Department of State constitutes a third degree felony	as provided for in s.817.155, I	F. S .
	M		04/17/2024
Required Signatu	re/Incorporator	Date	
	·		
	Carried and the services		



ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation s	hall be: LAKA	ANCUENT C	ORP
ARTICLE II PRINCIPAL	L OFFICE		
3252 CORAL L	AKE LANE		Idress, if different is:
CORAL SPRIN	G F1. 33065	3252 COR	AL LAKE LAN
	——————————————————————————————————————	CORAL S	PRING, FL 330
ARTICLE III PURPOSE The purpose for which the co	orporation is organized is:		
ANY AND ALL L	AWFUL BUSINESS	•	
			
			
ARTICLE IV SHARES The number of shares of stock	is: 100		
	<u> </u>		
ARTICLE V INITIAL OF	FFICERS AND/OR DIRECTOR	2	
Name and Title:			
Address PRE	SIDENT	Address:	
		CRISTIAN DANER	IS
 -			
32	<u>52 CORAL LAKE L</u>	<u>N</u>	
CC	DRAL SPRING, FL	33065	
_		Name and Title:	7
_		Address:	2024
			A
<u></u>			<u></u>
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Name and Title: _	AND TAY on	Name and Title:	🖳 🤃 မ္ဟ
Address	ACCOMPTING AND TAX REPLACED	Address:	- - -
	TAXSPRO		
	PLANTAGE MEZO PRIMADOR PEREN, F. 19994		
	TELL/NAME COLUMN BEFORE TALAPHIC LIDER		

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	LARANCUENT CORP (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an original and one (copy of the articles of incorporation and a theck for	n.		
№ \$70.00 Filing Fee	☐ \$78.75 Filing Fec & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO		
	TA	X S PRO CORP		

	8030 PINES BLVD Address	
	PEMBROKE PINES , FLORIDA 33024	
	City, State & Zip	
	786-3072733	3
	Daytime Telephone number	-
	INFO@TAXSPRO.COM	د ما د
	E-mail address: (to be used for future annual report notification)	
		=
THE THE SALE BEAUTY	TE: Please provide the original and one copy of the articles	 i.